

DIAPHRAGM - CHECK

DEFINITION	May be independent problem visit or part of routine annual evaluation.
SUBJECTIVE	May include: 1. LMP. 2. Medical, sexual, and contraceptive use history update, as appropriate. 3. History of any method related problems such as: a) Discomfort when diaphragm in place. b) Vaginal or penile irritation. c) Inconsistent diaphragm use (consider another method). d) Dislodgement during intercourse. e) Increased incidence of UTIs.
OBJECTIVE	f) increased incidence of vaginitis May include: 1. Pelvic exam to check correct sizing. 2. Visualization of cervix and vagina.
LABORATORY	May include: 1. Pap smear. 2. Vaginitis/cervicitis testing
ASSESSMENT	Diaphragm check.
PLAN	 Check diaphragm for "wear," fit, and correct usage, as appropriate. Replace diaphragm, as appropriate. Refit if not adequately covering cervix (too small) or if erosions indicate diaphragm is too large. Replace diaphragm if 1-2 years old or if shows signs of wear.
CLIENT EDUCATION	 Reinforce diaphragm education. Review safer sex education, as appropriate. Recommend that client RTC for annual exam, after pregnancy, with weight change of at least 10 lbs., or PRN for problems. Offer hormonal methods of ECP in advance of need. (See ECP protocol.)
CONSULT / REFER TO PHYSICIAN	1. Client with symptoms of TSS.

References:

- Hatcher, R. A., Trussell, J. Nelson, A., et al (Editors) (2011). Contraceptive Technology. (20th revised ed.). p.391-407. New York: Ardent Media.
- CDC U.S. Medical Eligibility Criteria for Contraceptive Use, 2012, cdc.gov/mmwr/pdf/rr/rr59e0528.pdf Womenshealthcareclinic.com (medical protocols) Retrieved August 3rd, 2013